## 1503: 142: 0826

FE5AN018

FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED FEC MAIL CENTER

2015 APR 20 AM 7: 30

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NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
$[F_1R_1I_2E_1N_1D_1S_1]O_1F_1$	$M_1A_1T_1T_1$ $M_1A_1T_1S_1$	U <sub>1</sub> N <sub>1</sub> A <sub>1</sub> G <sub>1</sub> A <sub>1</sub> - <sub>1</sub> C <sub>1</sub> O <sub>1</sub> N <sub>1</sub> C	$\hat{S}_{1}R_{1}E_{1}S_{1}S_{1}$	
ADDRESS (number and street)	[1,8,8,8, K,A,L,A,]	K <sub>I</sub> A <sub>I</sub> U <sub>I</sub> A <sub>I</sub> <sub>I</sub> A <sub>I</sub> V <sub>I</sub> E <sub>I</sub> N <sub>I</sub> U	J <sub>1</sub> E <sub>1</sub>  #3  1  0  4	
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than previously reported. (ACC)	$H_1O_1N_1O_1L_1U_1L_1U_1$ $H_1I$ $9_16_18_11_15_1-$			
2. FEC IDENTIFICATION N	IUMBER ▼CITY	, <b>^</b>	STATE A	ZIP CODE A STATE ▼ DISTRICT
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4. TYPE OF REPORT (C)  (a) Quarterly Reports:  April 15 Quarterly  July 15 Quarterly  October 15 Quarter  January 31 Year-E	Report (Q1) Report (Q2) erly Report (Q3) Ind Report (YE)  (c) 12-Day	General (30G)	General (12G) Special (12S)	in the State of Special (30S) in the State of
5. Covering Period O''' 'D''' 'Z'O''' 'S' through O'''' 'Z'O''' 'Z'O''' 'S''' through				
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.				
Type or Print Name of Treasurer Calvin C. Ching				
Signature of Treasurer Calm Clhy  Date  Date  Date				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.				
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